

AKC-0020329

Tier Two
EMERGENCY
AND
HAZARDOUS
CHEMICAL
INVENTORY

*Specific
Information
by Chemical*

Facility Identification

Name _____
Street _____
City _____ County _____ State _____ Zip _____

SIC Code Dun & Brad Number

**FOR
OFFICIAL
USE
ONLY**

ID #

Date Received

Owner/Operator Name

Name _____ Phone () _____
Mail Address _____

Emergency Contact

Name _____ Title _____
Phone () _____ 24 Hr. Phone () _____
Name _____ Title _____
Phone () _____ 24 Hr. Phone () _____

Important: Read all instructions before completing form

Reporting Period

From January 1 to December 31, 19 _____

☐ Check if information below is identical to the information submitted last year.

Confidential Location Information Sheet

Container
Type
Pressure
Temperature

**Storage Codes and Locations
(Confidential)**

Storage Locations

Optional

CAS #

Chem.
Name

☐

CAS #

Chem.
Name

☐

CAS #

Chem.
Name

☐

Certification *(Read and sign after completing all sections)*

I certify under penalty of law that I have personally examined and am familiar with the information submitted in pages one through _____, and that based on my inquiry of those individuals responsible for obtaining the information, I believe that the submitted information is true, accurate, and complete.

Name and official title of owner/operator OR owner/operator's authorized representative

Signature

Date signed

Optional Attachments

- ☐ I have attached a site plan
- ☐ I have attached a list of site coordinate abbreviations
- ☐ I have attached a description of dikes and other safeguard measures